

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS	
District of <u>Yuma</u>		ORIGINAL CERTIFICATE OF BIRTH	
Town of _____		State Index No. <u>156</u>	
or _____		County Registrar No. <u>7</u>	
City of _____		Local Registrar No. <u>2</u>	
No. <u>Neen Fremont</u>		St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Betty Bush</u>			
3. Sex of Child <u>Female</u>		4. Twin, triplet or other _____	
To be answered ONLY in event of plural births.		5. No., in order of birth _____	
6. Legitimate? <u>yes</u>		7. Date of birth <u>12 9 24</u>	
		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>John Bush</u>		Full maiden name <u>Ada Bigspring</u>	
9. Residence (Usual place of abode) <u>Yuma, Ariz.</u>		15. Residence (Usual place of abode) <u>Yuma, Ariz.</u>	
If non-resident, give place and state.		If non-resident, give place and state.	
10. Color or race <u>4/4 Indian</u>		16. Color or race <u>4/4 Indian</u>	
11. Age at last birthday <u>22</u> (Years)		17. Age at last birthday <u>17</u> (Years)	
12. Birthplace (city or place) <u>Yuma</u>		18. Birthplace (city or place) <u>San Carlos Ind. Reservation, Ariz.</u>	
(State or country)		(State or country)	
13. Occupation <u>Common Laborer</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum? <u>no</u>	
(Taken as of time of birth of child herein certified and including this child.)			
(a) Born alive and now living <u>1</u>			
(b) Born alive but now dead <u>0</u>			
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that <u>attended</u> the birth of this child, who was <u>born alive</u> at <u>9 P</u> m. on the date above stated			
(Born alive or stillborn.)			
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>Ch. Sawyer M.D.</u>	
		(Physician or midwife)	
Address <u>San Carlos, Ariz.</u>			
Given name added from a supplemental report _____		Filed <u>2/4</u> 1925 <u>G. E. Wyckoff</u>	
Month, day, year _____		Local Registrar.	
Registrar _____		County Registrar	

228-1209-127